PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 2 2 2 2 2 2 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7													
	PATENT A		N FEE DE			ON RECOI	RD 	-	222	20	-06	16. 7	
CLAIMS AS FILED - PART I (Column 1) (Column 2)					mn 2)	SMA		YTITY	OR	OTHER SMALL			
TO	TAL CLAIMS		20				RA	TE	FEE		RATE	FEE	
FOI	R		NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00	
το	TAL CHARGEAE	BLE CLAIMS	20 minus 20=		. 0		X\$	9=		OR	X\$18=		
IND	EPENDENT CL	aims	6 minus 3 =		3		X4	0=		OR	X80=	240	
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT				+1	35=		OR	+270=		
* If 1	* If the difference in column 1 is less than zero, enter "0" in column 2					TO	TAL		OR	TOTAL	950		
	CL	AIMS AS A	MENDED	- PAR	T II						OTHER		
		(Column 1)		(Colu		(Column 3)	SM	ALL	ENTITY	OR	SMALL		·
ATN		CLAIMS REMAINING AFTER AMENDMENT		NUN	IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	Best Available
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MEN	Independent	. 14	Minus	/	4	a .	X4	0=		198	X80=		I≲
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	35=		OR	+270=	·	۱Ħ		
							<u> </u>	OTAL			TOTAL		<u> </u>
2	-2205	(Column 1)		(Colu	mn 2)	(Column 3)	ADON	. FEE		.	ADDIT. FEE	•	O
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER HOUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	Cop
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Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		1	35=		OR	+270=	10.	Ī
							-	OTAL		OR	· TOTAL		ł
		(Caluma 1)		(Colu	ımn 2)	(Column 3)	ADDI	. FEE			ADOIT. FEE	<u> </u>	1
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER HOUSLY O FOR	PRESENT EXTRA		TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	•	Minus			=	XS	9=		OR	X\$18=		1
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_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					-		 	1				
	if the entry in colu	ma 1 is loss than t	he entry in colo	mn 2 wri	te "0" in ~	alumn 3.	<u> </u>	35= 3741	ļ <u>.</u>	OR	+270=	<u> </u>	1
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EEE TOANOMITTAL	Complete If Known				
FEË TRANSMITTAL	Application Number	09/903,831			
for EV 2005	Filing Date	July 11, 2001			
for FY 2005	First Named Inventor	Thomas J. Maginot			
Patent fees are subject to annual revision.	Examiner Name	Paul B. Prebilic			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3738			
TOTAL AMOUNT OF PAYMENT (\$) .00	Attorney Docket No.	22220-06167			

Check Credit Card Money Order Other None Deposit Account Number 19-2555 Surcharge - Interview Fen Wick & West LLP								
Deposit Account Number Deposit Account Name Fenwick & West LLP The Commissioner is authorized to: (check ell that apply) Charge fee(e) indicated below ⊆ Credit any overpayments Charge fee(e) indicated below ⊆ Credit any overpayments Deposited for any underpayment of fee(e) due under 37 CFR §1.16 or §1.17 during the pendency of this application Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. FEE CALCULATION 1905 1906 1907 1908 1909 19								
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The Commissioner is authorized to: (check ell that apply) Charge fee(s) indicated below Credit any overpayments								
Charge fee(s) indicated below ☑ Credit any overpayments								
Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR \$1.16 or \$1.17 during the pendency of this application Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. FEE CALCULATION 1251 120 2251 60 Extension for reply within first month 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Pead Code (\$) Code								
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1202 50 2202 25 Claims in excess of 20 1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a))								
1201 200 2201 100 Independent claims in excess of 3 1810 790 2810 395 For each additional Invention to be examined (37 CFR 1.129(b))								
1203 380 2203 180 Multiple dependent claim, if not paid 1801 790 2801 395 Request for Continued Examination (RCE)								
1204 200 2204 100 **Reissue independent claims over original patent 1802 900 1802 900 Request for expedited examination of a design application								
1205 50 2205 25 "Reissue claims in excess of 20 and over original patent Other fee (specify)								
SUBTOTAL (2) (\$) .00 SUBTOTAL (3) (\$) .00								
or number previously paid, if greater, For Reissues, see above Reduced by Basic Filing Fee Paid								
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Albert C. Smith Registration No. (Attorney/Agent) 20,355 Telephone (650) 335-7296								

SUBMITTED BY			Complete (if applicable)				
Name (Print/Type)	Albert C. Smith		Registration No. (Attorney/Agent)	20,355		Telephone (650) 335-7296	
Signature		a -C	· Smit	٧	Date	2/16/05	

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